

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000030

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: SENECA ENVIRONMENTAL SERVICES, INC.

**Current Principal Place of Business:**

4140 EAST 14TH STREET  
DES MOINES, IA 50313

**New Principal Place of Business:**

**Current Mailing Address:**

4140 EAST 14TH STREET  
DES MOINES, IA 50313

**New Mailing Address:**

FEI Number: 42-1325377

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: NELSON, MURRAY  
Address: 4140 EAST 14TH STREET  
City-St-Zip: DES MOINES, IA 50313

Title: CDVP ( ) Delete  
Name: RISEWICK, CHRISTOPHER J  
Address: 4140 EAST 14TH STREET  
City-St-Zip: DES MOINES, IA 50313

Title: ST ( ) Delete  
Name: RISEWICK, CHRISTOPHER J  
Address: 4140 EAST 14TH STREET  
City-St-Zip: DES MOINES, IA 50313

Title: TREA ( ) Delete  
Name: RISEWICK, CHRISTOPHER J  
Address: 4140 EAST 14TH STREET  
City-St-Zip: DES MOINES, IA 50313

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MURRAY NELSON

PRES

01/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date